

*For Office Use Only:*

Notification #: \_\_\_\_\_

## ASBESTOS/DEMOLITION NOTIFICATION FORM

**DO NOT WRITE IN THIS BOX- FOR DEPARTMENT USE ONLY**

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Postmark date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Walk-in date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### TYPE OF NOTIFICATION: (Select one and fill in the requested information)

☒ **ORIGINAL** ☐ **AMENDMENT No. \_\_\_\_** ☐ **CANCELLATION**

☐ **EMERGENCY**

•Was emergency request made to the Regional Office or Environmental Health Notifications Group (EHNG) by phone?

☐ Yes ☐ No

•If yes, the DSHS reference #: \_\_\_\_\_ and name of the Regional or EHNG representative with whom you spoke? \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ ☐ a.m. ☐ p.m.

•Describe the reason for Emergency: \_\_\_\_\_

☐ **ORDERED:** (For structurally unsound facilities, attach copy of demolition order and identify Governmental Official)

Name: \_\_\_\_\_ Registration No. \_\_\_\_\_

Title: \_\_\_\_\_

Date of order (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Date order to begin (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

(x)  
Below if  
Amended

**AMENDMENTS:** You must complete the entire form and mark the appropriate check box(es) along the left-hand side of this form to indicate amended information.

### TYPE OF WORK

☐ Asbestos Abatement ☒ Demolition ☐ Annual Consolidated O&M ☐ Abatement/Demolition

Is this a phased project? ☐ Yes ☒ No

### FACILITY INFORMATION

#### **1. Facility Location**

☐ ..... Description or Facility Name: **F. J Doyle Salvage Site**

☐ ..... Physical Address: **905 N. Poplar**

☐ ..... County: **Fannin** City: **Leonard** Zip: **75452**

☐ ..... Facility Contact: **Gary Moore, EPA OSC** Phone #: **(214) 789-1627**

#### **2. Type of Facility (Select one)**

☐ Public ☐ Federal ☒ Industrial/Manufacturing ☐ NESHAP-Only ☐ Public School K-12

#### **3. Facility Details**

☐ ..... Description of Area/Room Number: **Abandoned transformer recycling facility**

☐ ..... Age of Building: **50+** Size: **2200 ft** Number of Floors: **1**

☐ ..... Is this building occupied? ☐ Yes ☒ No

☐ ..... Prior Use: **Recycling discarded/damaged PCB transformers**

☐ ..... Future Use: **none**

☐ ..... Date of Asbestos Survey/NESHAP Inspection: **10/04/18**

☐ ..... DSHS Inspector License #: **98028**

☐ ..... Analytical Method: ☒ PLM ☐ TEM ☐ Assumed Asbestos ☐ No Suspect Material

☐ ..... DSHS Laboratory License #: **30-0031**

**WORK SCHEDULE/ASBESTOS AMOUNTS** (Note: if the start date(s) entered below cannot be met, the DSHS Regional or Local Program office must be notified prior to the scheduled start date. Failure to do so is a violation of TACAPA Section 295.61.)

#### **1. Asbestos Abatement Work Schedule:**

☐ ..... Start date: **11/06/18** and End date: **11/09/18**

☐ ..... Work days: ☐ Mon. ☒ Tues. ☒ Wed. ☒ Thurs. ☒ Fri. ☐ Sat. ☐ Sun.

☐ ..... Working hours: **7** ☒ a.m. ☐ p.m. to **6** ☐ a.m. ☒ p.m.

#### **2. Demolition Work Schedule:**

☐ ..... Start date: **11/09/18** and End date: **11/10/18**

☐ ..... Work days: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☒ Fri. ☒ Sat. ☐ Sun.

☐ ..... Working hours: **7** ☒ a.m. ☐ p.m. to **6** ☐ a.m. ☒ p.m.

(x)  
Below if  
Amended

### C. ASBESTOS AMOUNTS

☐ ..... Is Asbestos Present? ☒ Yes ☐ No (Complete the table below if asbestos is present)

Asbestos-Containing Building Material Type	Approximate amount of Asbestos						
	Pipes	Ln Ft	Ln M	Surface Area	SQ Ft	SQ M	Cu Ft
*Only mark the boxes below on this chart if they are being amended							
<input type="checkbox"/> RACM to be removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> RACM left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Category I non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Exterior Category I non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Category I non-friable left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>	150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Category II non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Exterior Category II non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Category II non-friable left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> RACM Off-Facility Component							

### DESCRIPTION OF WORK PRACTICES AND PROCEDURES

☐ ..... 1. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder: \_\_\_\_\_

**Maintain water fog during all site activities;**

**Immediately secure wastes and keep potentially affected materials damp during demolition operations.**

☐ ..... 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: \_\_\_\_\_

**Demolition of abandoned facility, various wood, concrete and sheet metals, some metal fasteners;**

**Use of hydraulic excavator with bucket and thumb to remove the building is small, manageable sections.**

☐ ..... 3. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site:

**Signage and physical barriers**

**Water Fog**

**Institutional controls to limit mobility of demolition wastes prior to packaging.**

### PROJECT INFORMATION

☐ ..... A. FACILITY OWNER

Facility Owner Name: **US Environmental Protection Agency**

Phone #: **(800) 887-6063**

Attention: **Gary Moore**

Mailing Address: **1445 Ross Avenue**

City: **Dallas** State: **TX** Zip: **75202**

☐ ..... B. ASBESTOS ABATEMENT CONTRACTOR #1

DSHS Asbestos Contractor License #: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone #: ( ) - - Job-Site Phone #: ( ) - -

☐ ..... C. ASBESTOS ABATEMENT CONTRACTOR #2 (Only if there is more than one Contractor)

DSHS Asbestos Contractor License #: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone #: ( ) - - Job-Site Phone #: ( ) - -

### D. ASBESTOS SUPERVISOR

☐ ..... DSHS Supervisor License #: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

☐ ..... DSHS Supervisor License #: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

(x)

Below if

**Amended E. NESHAP TRAINED INDIVIDUAL**

☐ ..... NESHAP Trained Individual: \_\_\_\_\_  
Certification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ..... **F. DEMOLITION CONTRACTOR**

Demolition Contractor: Environmental Restoration, LLC  
Address: 1666 Fabick Drive  
City: Fenton State: Missori Zip: 63026 Phone #: (888) 814-7477

☐ ..... **G. PROJECT CONSULTANT OR OPERATOR**

DSHS License No.: \_\_\_\_\_  
Project Consultant or Operator: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

☐ ..... **H. Waste Transporter**

DSHS Waste Transporter License #: \_\_\_\_\_  
Waste Transporter: Republic Industries  
Address: 1400 Warren Drive  
City: Marshall State: TX Zip: 75672  
Contact Person: David Thornburg Phone #: (214) 505-4714

☐ ..... **I. Waste Disposal Site**

TCEQ Permit #: 1195A  
Waste Disposal Site: Maloy Landfill  
Address: 2811 FM 1568  
City: Campbell State: TX Zip: 75422  
Phone #: (903) 886-7832

**CERTIFICATION STATEMENT**

I hereby declare that I have examined this notification and, to the best of my knowledge and belief, all information provided is complete, true, and correct. I affirm that I am the owner, operator, or delegated agent and that I am responsible for the fee associated with this notification. I also understand that the owner, operator, or delegated agent is responsible for notification to the department.

\_\_\_\_\_  
(Signature of Owner, Operator or Delegated Agent)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Printed Name & Title)

E-mail Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**IMPORTANT INFORMATION**

**NOTIFICATION TIMELINESS REQUIREMENT:**

Your Asbestos/Demolition Notification form must be postmarked no less than ten working days (not calendar days) prior to the start of any asbestos abatement or demolition.

**FILING FEE:** An invoice will be mailed to the facility owner upon completion of the project.

**CALL FOR ASSISTANCE:** (512) 834-6747 or (888) 778-9440 (toll free in Texas)

**MAIL FORM TO:**

ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
PO BOX 143538  
AUSTIN, TX 78714-3538